

TOTAL

ASS. REC. BY: REF: MSG/ 7	3002746/Kgy3
11	SIGNMENT
From: Date:	Veh No: SOP 1236 7 Yr Regn: 11, 20
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP WS/TP RES/OD RES/EVA/INV/MV	Truck/Trailer or . Walso
To Inspect Vehicle No:	Make: Toy Sienta c.c 1496
at Workshop m/s Thiam 1914	Colour M. Rev AC: Insured/Std/NI/NA
758	A Sp.Reading 07940 T/Radio: Insured / Std / NI / NA
I Insured:	Eng/No:
Policy No.	CNO: NSP170 7219433
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Sleering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Mod1: Nil / S/Rim / STO A/Rim or
	Tyre Size: F: 195   55R 15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
	TOYOIYOKO or Centinatal
Bal. or Market Value: 8/112/C	Fron! Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. S mm L/Bal. S inm
Est. Repairs: 04 days Res.: Yes or No	D.O.A. /1/2/23 D.O.I. 2/3/2023
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
· Vehicle: IN / OUT	als hear book
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
/ Est not rady	
···	00400 4 1
Kenneth confirmed lump sum	\$2400, 4 days.
(red, \$11243.27, 82%)	
o/Time, File Pass to? : Prell. Report D	ays Of Repair: 4
: Final Report R	esurvey No. of Trip: Survey Fee:
	Transportativi (f)
Add Fee:	: Site Insp (\$ )s - Rssi
	: Interview (\$ ) r>
ort Format :	Tech Invs (5 ) Others
np Sum / I.B.I: (\$	Weekend (\$